

**Public Health Data Standards Consortium
E-Code Workgroup Conference Call
Friday, January 24, 2003 1:00 PM ET**

Chair:

J. Arturo Coto, M.D., M.P.H.

Disease Surveillance Coordinator
Nebraska Health and Human Services Systems

Members:

Mary Seaman,
New York

Starla Ledbetter, MHSA, RHIA

Assistant Manager, Patient Discharge Data
California Office of Statewide Health Planning and Development

Charles Wentzel

Statistician
Pennsylvania Healthcare Cost Containment Council

Michelle Williamson, Health Informatics Specialist

National Center for Health Statistics
Centers for Disease Control and Prevention

Donna Pickett

National Center for Health Statistics
Centers for Disease Control and Prevention

Robert Davis, M.S., Director

New York State Department of Health Statewide Planning and Research Cooperative
Systems

Sharon Sprenger, RHIA, M.P.A.

Project Director, Division of Research
Joint Commission on Accreditation of Healthcare Organizations

Jason Goldwater, M.A., M.P.A.

Program Analyst
Centers for Medicare and Medicaid Services (Medicaid)

David Lawrence

Director, Center for Childhood Injury Prevention

State and Territorial Injury Prevention Director's Association

Introductions

Arturo welcomed everyone and apologized for not having call earlier. The meeting is necessary as we are getting ready for the Steering Committee meeting in March.

1- Status Report on E-code Business Case

Donna reported that our previous business plan indicated that we were going to submit a business case to NUBC to put the e-codes on the UB02. That was not necessary because several Consortium members on the NUBC had already convinced the NUBC of the necessity of having these fields. There was not even a debate regarding the issue and NUBC has placed a maximum of 6 external cause codes on the UB02 draft.

Bob Davis then reported on the process at X12. The X12 format is for messaging, but the UB02 contains the coding. Through the work at X12N regarding the reporting guide, we were able to say that we needed the additional e-codes. The reporting guide supports up to 10 e-codes. We can make a good business case that these e-codes should be collected on the claim as well. ICD-10 will also probably come about in the future and should be added to the claim as well. There was discussion about when to submit these changes to X12. X12 will probably be driven by the immediacy of ICD-10, but will probably not consider adding the e-codes until they are published in the final UB02. Bob suggested that it might be possible at the X12 meeting in February to open up comments regarding using the HI segments to include e-codes in the 4050 implementation guide. Michelle is presenting a Data Maintenance (DM) to get codes lined up to allow the ICD-10 code source. Once the X12 group realizes that the ICD-10 is moving forward, they may be more responsive to the e-code inclusion as well. The key will be the business case and we may have more work to do after this meeting to construct that rationale. The 837 standard will need to change to accept the ICD-10 code source, but accepting the e-codes simply requires allowing more repeats of the HI segments that are currently not used. We should have a conference call after the Denver X12 meeting to develop an educational strategy to make this part of the implementation guide.

2- Action Items - Development of educational strategy

The workgroup started talking about this last year. Arturo feels that there is very little training regarding the uses of e-codes. Our approach to developing this training may focus on who we are targeting. It could depend on the particular aspect of the e-code.

Arturo discussed an experience they had recently when assessing their hospital injury data files, which have inpatient and outpatient records. They found that 80% of the records with an injury code (N-code) in the first diagnosis field had also a valid E-code in the e-code field. However, when they looked at records with an N-code in the first or second diagnosis fields, the percent of records with a valid E-code in the e-code field increased to 86%, and it rose to 87% when they looked at records with an N-code in any of the first three diagnosis fields (first or second or third diagnosis field), which represents an increase of approximately 10,000 records. Nebraska Hospital Association representatives explained to them that the reason for this is that the diagnosis code hospitals enter in the first diagnosis field may not always represent the main reason why the patients were admitted to the hospital i.e., a patient may be admitted because s/he had pneumonia, but s/he also had a fracture, so the hospital may list pneumonia as the first diagnosis and list the fracture in a different diagnosis field. The Nebraska group is in the process of deciding whether or not they should use records with N-code in the second and third diagnosis field for injury studies. This pointed up the necessity of not only training the coders to enter the data, but also to train the end users to recognize data that has been entered. Likewise, it may be necessary to train those who need to get the data to the coders.

South Carolina has done some good work using data to effect policy. Our educational strategy needs these stories of how the data has made a difference. The JCAHO has been noticing that the UB92 allows for entry of 15 diagnoses. Many systems allow only 9 and e-codes are not likely to be entered in place of regular diagnoses. The X12 implementation guide allows for up to 24 other diagnoses besides the principle diagnosis. Still it is not likely that e-codes will be entered because it is not needed on the claim. The first and best educational strategy is to come up with stories that are realistic and bring them to the March meeting. That can be an issue for discussion and then we can decide on what training should be done. Of particular value would be stories from providers themselves. Pennsylvania used to use diagnoses to identify medical errors and only got 12 in one year. Then they went to using the e-codes. E-code work group members will summarize their story and send it to Arturo. Other states are reporting injuries, poisonings, and motor vehicle accidents. Any stories such as these should be reported to Arturo who will prepare something for the March meeting. We will also have a conference call right after the Denver X12 meeting to work on planning. The request for stories will be put out to the full listserve, and Donna will work with Arturo to compile the stories. David Lawrence will also put the request out to the Children's Safety Network.

Next step - Report for March 2003 PHDSC meeting

The first part of the report will be the activities undertaken at X12 and NUBC. The second part of the presentation will be to report the stories compiled that support the use and collection of e-codes. These stories could tie to 9/11, natural disasters, or other policy issues and should focus on the criticality of getting good e-code data. While we cannot develop the content of an education strategy before the March meeting, we can use the situations presented to develop ideas of what we should do. Perhaps we could develop process questions for each of the tables to work on at the

annual meeting. Members with questions should submit them to Hetty and Michelle for development for the meeting. The education strategy should also consider how to use the Web-based Resource Center to collect and get out information.

Action Items:

- Michelle to present data maintenance at X12 regarding ICD-10 code sources
- Michelle and Bob to consider presenting the potential for increasing the use of HI segment e-codes in the 4050 guide of the 837 claim.
- Workgroup members to consider how e-codes have improved data collection and policy formation and send stories to Arturo for inclusion in the March meeting report. Stories due February 7.
- Request for stories to be submitted to the full Consortium listserve by Michelle. Request is not for huge business cases, but brief overviews of the successful uses of e-code data.
- Arturo and Donna to assemble stories for presentation at the March meeting.
- Workgroup members to develop questions to submit to the full Steering Committee at the March meeting to develop educational strategies about how to improve the use and collection of e-code data. Questions to Heddy or Michelle.
- Workgroup members to consider the use of the WRC for part of the educational strategy. Suggestions to Arturo.
- Conference call scheduled for week of February 18-21. Most members prefer the 20 at 1:30 – 3:00 ET. Michelle will schedule and send out the number.
- Any other suggestions from workgroup members for the March presentation should be sent to Arturo as soon as possible. Arturo.coto@hhss.ne.us